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ABSTRACT

Part of the materials developed for Project STRETCH (Strategies to Try out Resources to Enhance the Training of Camp directors serving the Handicapped), this guide consists of three sections: an introduction, the managerial trainer guide, and appendices. Section I addresses the rise of organized camping as big " business the need to provide camping services to handicapped persons, the role of the managerial coordinator (planning, promoting, implementing, and evaluating), why evaluation should be conducted, and how the trainer's guide can be used in planning workshops. Section II provides a list of performance objectives, a managerial outline, a suggested program outline, and instructions for pre-managerial preparation by participants. A chart of suggested learning actvities includes objectives, suggested activities, training approach, time consideration, and evaluation. Six resource sheets cover such topics as: words, images, and identities; attitudinal blocks; architectural barriers checklist; worksheet on disabilities, impairments, and chronic illnesses; principles of activity analysis; and accessibility slide narrative. Six appendices present a participant profile form, a list of resource organizatons, a list of resource pamphlets available relating to camping, a selected bibliography, an evaluation form, and a managerial sample budget. (BRR)

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Trainer Guide: Serving Campers with Special Needs



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Trainer Guide: Serving Campers with Special Needs

Judy Brookhiser

Camp Administration Series

Sue Stein, Editor

Project STRETCH
The American Camping Association
Martinsville, Indiana

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Foreword

The Office of Special Education and Rehabilitative Services has for many years recognized the value of camping as an important aspect in the lives of handicapped youth and adults. Since 1971 when the former Bureau of Education for the Handicapped provided funding to help sponsor the National Conference on Training Needs and Strategies in Camping, Outdoor and Environmental Recreation for the Handicapped at San Jose State University, there has been a nationwide movement toward including handicapped children and adults in organized camping programs.

The material contained in this book and other volumes that make up the Camp Director Training Series are the result of a three-year project funded by the Division of Personnel Preparation. In funding this effort, it is our hope that the results of the project will help make camp directors and other persons more aware of the unique and special needs of disabled children and adults; and to provide information and resources to better insure that those needs are met.

The Office of Special Education and Rehabilitative Services is committed to the goal of equal opportunity and a quality life for every handicapped child in the United States. Opportunity to participate in camping programs on an equal basis with their non-handicapped peers is a right to which all handicapped children are entitled. However, this goal can be achieved only if those responsible for the provision of camping services are likewise committed to this goal.

William Hillman, Jr., **Project Offier**, 1979-1981 Division of Personnel Preparation, Office of Special Education and Rehabilitative Services Sept. 1981



Preface

Emblazoned across the mantle of the fireplace at its National Headquarters are the words "Better Camping For All." Nothing more easily sums up the basic purpose of the American Camping Association (ACA) in its 75 years of existence than do these words. From its very beginning, the Association has been concerned about providing "better" camps. That concern has led to a continuing study and research for the most appropriate standards for health, safety, and better programming in the organize. camp.

That concern for standards of performance in the operation of the summer camp led to an awareness of the necessity of an adequate preparation and continuing education of the camp director. Various short courses and training events were developed in local ACA Sections and at ACA national conventions. Many institutions of higher learning developed curriculum related to the administration of the organized

camp.

By the late 1960s, the American Camping Association began the development of an organized plan of study for the camp director that would insure a common base of knowledge for its participants. Three types of camp director institutes were developed and experimented with in different parts of the country. In 1970, the Association adopted a formalized camp director institute which led to certification by the Association as a certified camp director. Continuing efforts were made to try to expand and improve upon the program.

After the first decade, it was recognized that the program must be greatly expanded if it were to reach camp directors in all parts of the country. Centralized institutes of a specified nature often prevented wide participation by camp directors. This led the Association to consider the importance of documenting a body of knowledge which needed to be encompassed in the basic education of any camp director and to explore methods by which that information could be best disseminated.

During the years 1976-78, the Bureau of Education for the Handicapped, U.S. Department of Health, Education, and Welfare, funded a three-year project to determine the basic competencies required of a camp director who worked with the physically handicapped. Under the leadership of Dr.

Dennis Vinton and Dr. Betsy Farley of the University of Kentucky, research was undertaken that led to the documentation of the basic components of such education. It was determined that 95 percent of the information required in education of a director of a camp for the physically handicapped was generic. Only 4 percent or 5 percent related specifically to the population served.

Meanwhile, the American Camping Association had begun to recognize that the word "all" in its motto is an obligation far beyond its extensive efforts over a number of decades to insure organized camping experiences for children of all racial. ethnic, and socio-economic backgrounds. Camps began to expand their services to a variety of special populations to encompass all age ranges and persons with a variety of physical and mental disabilities. The message soon reached the Association that any camp director education program must help all camp directors to understand and explore the needs of the new populations the camps were serving. Chief among those new populations were the campers with physical and mental disablements.

In 1978, the Association approached the Office of Special Education. U.S. Department of Education, and requested funding for a project to expand its education program based on the materials developed by Project REACH, a research project funded by the Department of Education at the University of Kentucky; the intent was to include training for directors working with the handicapped and develop a plan for wider dissemination of camp director education opportunities.

A subsequent grant from the department resulted in Project STRETCH and three years of monitoring camp director education programs, revising and expanding the basic curriculum for such programs, and developing new materials for use in expanded programs.

As we near the end of Project STRETCH, the American Camping Association is pleased to find that the project has helped to greatly heighten the level of awareness of the handicapped and their needs in the camp director community.

This volume is one of several volumes that will insure "Better Camping for All" in the decades ahead.

Armand Ball,

Executive Vice President
American Camping Association



Acknowledgements

The camp administration series is a result of three years of work by hundreds of individuals in the field of organized camping and therapeutic recreation. A big thank you is extended to all who made this project a reality. While it is impossible to mention all contributors, we extend a special thank you to those individuals who assisted the project for all three years. With their input, the road to this project's completion was much easier to travel.

Project Officer, 1981-1982

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Introduction

Why Has Managerial Training Become a Part of the Camp Director Education Program?

Operating a camp is big business. It is estimated that there are between 9,000 and 10,000 camps in the United States. These, in turn, account for two billion dollars in annual transactions.

In terms of facilities, camps account for three and onehalf billion dollars in property value, 10,000 miles of shoreline, and 2,500,000 acres of land. They employ 375,000 staff annually to help them service 9,000,000 campers.

Camp management requires directors who are competent in management systems. Management of a camp provides more than planning the program, hiring staff, and finding someone to do the maintenance; it involves the "ity to design, operate, and continually revise a variety of support systems.

Recognizing the need for directors to have competence in management of support systems, the American Camping Association included four managerial topics as part of the ACA camp director ducation curriculum in the late seventies. These four managerial areas were:

Food Service
Business and Finance

Health and Safety Site and Facilities

In the early eighties, recognizing the functionality of the managerial workshop format, the ACA Curriculum Committee recommended that other units of the ACA Camp Director Education Curriculum be presented in the managerial format. This Trainer Guide on Serving Campers With Special Needs represents Unit II of the ACA Camp Director Education Curriculum Guide.

All managerial workshops should be organized to help camp directors analyze and establish the managerial and program support systems which are consistent with and supportive of the camp philosophy, goals, and objectives. To meet this general goal, each managerial workshop should address:

- Basic principles and concepts of the management or program area.
- Accepted techniques and innovations in the selected area (or field).
- c. Interrelationships of the support or program system to the camp goals, program, and other service areas.
- d. Government regulations and sources of information.

Managerial workshops must be at least one full day of training (six hours) on each topic if the managerial is to be called an ACA Managerial Workshop. A workshop may be longer if the managerial coordinator deems necessary. Some sponsors have found it more satisfactory to have three or four one-day workshops on a particular managerial topic over a period of several years.

Why Address the Needs of Special Populations, Such as the Handicapped, in Camp Director Education Programs?

According to reports by the Office of Special Education and Rehabilitative Services (OSE&RS), approximately 12 percent of the country's population has some kind of handicap. OSE&RS estimates there are eight million handicapped children in the United States.

Historically, the Handicapped have been denied the same level of opportunity and service provided to the nonhandicapped. During recent years, equal opportunities have been growing. This awareness has been translated into a number of federal and state laws which are intended to assure that the rights of the handicapped are protected. These laws have ramifications for many fields, including camps. The ramififications of these laws are especially important for those camps receiving government funding. Moreover, the concept of equal opportunity for the handicapped has implications for all camps.

Among human services professions, there is a widening recognition and acceptance of the significant role that a camping experience (either mainstreaming programs or special populations camps) can play in the lives of handicapped children. (Gibson, Peter M. "Therapeutic Aspects of Wilderness Programs." Therapeutic Recreation Journal Second Quarter, 1979.) However, not all camp directors are aware of the value, nor do they have a positive attitude toward the handicapped.

The attitude of the camp director toward the handicapped will be the most important single force in determining whether or not his/her camp will offer opportunities for campers with special needs. It is, therefore, imperative that training at managerials expose camp directors to characteristics and needs of special populations and their implications for camping experiences. Strategies camps can use, and are using to service all special audiences including the handicapped, shou'd be examined.

What Is Your Role as the Managerial Coordinator?

There are basically four functions necessary for the completion of any training event. These are: planning, promoting, implementing and evaluating.

Depending on the qualifications and time of the Section Education Chairperson, he/she may elect to serve as the managerial coordinator or select someone else to handle part or all of the managerial coordinator's responsibilities.



The following list has been developed to help you, the Managerial Coordinator, develop and implement a managerial workshop:

1. Determine the needs and interests of the potential workshop participants.

2. Contact your ACA Regional Education Coordinator for

suggestions for resource people and ideas.

3. Arrange for a workshop meeting place and establish fees to cover all expenses of the event, including any resources or books to be distributed to participants. Budgets should be approved by the Section with the Section Treasurer handling all registrations and monies. (See sample in the Appendix.)

4. Organize an advisory committee to help determine schedule and organize the managerial workshop content.

5. Select and orient any special resource persons or trainers to be used to the managerial goals and process.

Promotion may include these two important steps:

- 1. Prepare a brochure on promotion material and distribute it
- 2. Share managerial dates with other Sections, colleges, and the National ACA office.

To implement your managerial, consider these points:

1. Determine what will be required for satisfactory comple-

tion of the managerial by participants.

2. The style of the managerial is up to the coordinator. As part of the process, the coordinator may wish to consider how the following items can be handled to facilitate the style selected:

Participant groupings
Opening and closing
sessions

sessions
Process for evaluation
(workshop and participants)

Meals and breaks

Pre and post assignments
Sharing of participants'
resources and concerns
Printed materials/references
to be used

- 3. Prepare the final agenda and check on all resources.
- 4. Hold the workshop.

Evaluation is critical. These steps will help you organize your evaluation:

1. Distribute, collect, and summarize managerial evaluation forms completed by participants at the end of workshop. (See form in the Appendix.)

Complete the evaluation summary regarding which participants have satisfactorily completed the workshop. As an option, you may order certificates for those who have successfully completed the training. Certificates are available from ACA publications or Sections may design their own certificates.

3. Complete the Managerial Workshop Report Form as found in the Appendix, and attach the following:

a. Summary of the managerial evaluation forms.

b. Criteria used for determining satisfactory completion of the managerial and list of who completed the managerial satisfactorily.

c. List or copies of resources used (AV materials, books,

hando its, promotional materials.)

d. Agenda/Schedule.

e. Recommendations to improve the managerial.

Send one copy to National ACA office, to your Regional Education Coordinator, and to the local Section board.

How Important Is the Evaluation Component?

Evaluation should be carried out at the conclusion of each managerial to determine which portions need to be improved, to compare your managerial with others, and to maintain quality control of American Camping Association's professional education programs which are used for certification or recertification purposes.

Evaluation of the training may be carried out in several ways. Some prefer a written evaluation questionnaire. Others prefer a group discussion to evaluate an event. A few have used sub-groups or outside evaluators to observe the entire training and present a summary to the group at the

closing session.

How the data for the workshop evaluation will be collected is the responsibility of the coordinator. However, it is necessary to collect information and report it to national and regional coordinators. This enables them to do comparisons of managerials and share results with other Sections. The evaluation should answe, the following questions:

1. Did the managerial meet its goals?

2. Were the needs of the participants met?

3. Was the content and format appropriate?

4. Were the resource leaders and materials helpful?

5. What were the strengths and weaknesses of the training?

6. How can it be improved next time?

A questionnaire that may be used for a written evaluation

by participants is included in the Appendix.

Evaluation of participants is just as important as evaluation of the workshop itself. Since managerial workshops may be used to complete one of the prerequisites for ACA Camp Director Certification or counted for recertification credit, it is important to determine whether or not the participant satisfactorily completed the managerial workshop. This means the workshop coordinator needs to set the criteria for satisfactory completion by a participant; notify participants of the criteria; and report to the Section coordinator, regional coordinator, and National ACA office the names of those who have satisfactorily completed the managerial.

In the Managerial Guide that follows, both a list of desired learning outcomes and suggested methods for participant assessment are included. It is required that an evaluation method(s) be incorporated as part of all managerials. However, the coordinator is not limited to those contained herein. These are merely to be used as a starting point.

How Can I Use the Remainder of this Trainer's Guide in Planning My Own Managerial Workshop?

The following material is one managerial coordinator's ideas on how to cover the ACA Core Curriculum performance. It makes up the bulk of this guide. The writer has included many more objectives and activities than you can possibly cover in a six hour period. This has been done to give you many ideas to choose from and to hopefully make your task easier.

What Should Be Included in a Managerial Which Addresses Serving Campers with Special Needs?

The following are ACA objectives for a managerial which addresses serving campers with special needs. At the completion of the managerial workshop, each participant should be able to analyze the director's role in evaluating the camp's ability to serve individuals with special needs. In addition, each participant should be able to analyze the director's role in establishing and supervising programs to serve campers with special needs. Specific objectives include the following competencies:

1. Knowledge of common characteristics and needs of persons with physical, intellectual, and emotional disabilities and their range of functional levels.

2. Knowledge of common developmental impairments frequently associated with specific disabilities and implications for camp program.

3. Ability to identify architectural and attitudinal barriers and devise methods of eliminating or decreasing them.

4. Ability to apply principles of activity analysis, selection, and modification as they relate to disabled persons.

5. Ability to assess the effects of segregated and integrated camper populations on disabled and nondisabled persons.

Ability to identify additional support services necessary to meet the needs of various disabled persons.

7. Ability to identify resources available to provide services for disabled persons.

These are suggested topics for workshop content:

- -Capabilities and limitations-characteristics of campers with impairments, disabilities, and/or chronic illness
- --Architectural barriers—design and adaptation
- -Attitudinal barriers-prevention, modification, and elimination

- Evaluating the total camp community in regard to its ability to serve the camper with special needs
- Operating a camp specializing in serving a camper group or groups belonging to a special population
- —Mainstreaming—when it is appropriate and how to plan for success
- --Professional resources available regarding disabilities, impairments, and chronic illness
- Adaptation of the site to serve campers with special needs
 Adaptation of program to fully integrate campers with special needs
- —Selection and recruitment of staff for the camp serving campers with special needs
- —ACA Standards directed toward campers with special needs
- -Recruitment of campers with special needs

A resource team might include:

- —Individuals from local, state, or national organizations or associations serving persons with special needs
- Physicians—especially pediatricians and specialists in treating particular disabling conditions (Doctors serving institutions or other groups with impairments could be particularly valuable.)
- —Nurses experienced with special populations
- -Social workers serving clients with special needs
- -Teachers of special education
- University faculty from the areas of special education and therapeutic recreation
- Camp directors experienced in camps serving primarily special populations
- —Camp directors experienced in mainstreaming special populations
- A psychologist or psychiatrist





Managerial Trainer Guide

Judy K. Brookhiser, CCD
Director, Beaver County Association of Retarded Citizens,
Camp Elliott at Volant, Pennsylvania

A very significant portion of the population of the United States and of the world today is comprised of persons who have physical, mental, and/or emotional impairments, disabilities, or chronic illnesses which require adaptation, ongoing medical attention, and/or specialized care. As a result of the advocacy of various support groups, a much larger segment of society today has been sensitized to the needs and rights of these children and adults with special needs.

Organized camping has been a leader and innovator in serving special populations—even when it was not a popular thing to do and federal financial aid was nonexistant. The first camps whose purpose was to serve campers with special needs were in operation as early as the late 1800s. These pioneer camps were, for the most part, therapeutic in nature. They provided an alternate setting for continuation of medical treatment. In more recent times the emphasis has changed from treatment to recreation, socialization, and in some instances respite from treatment. Another direction that has been mandated in recent years especially through legislation is "mainstreaming." But are we in organized camping today doing the best we can to promote "Better Camping for ALL?"*

There are two distinct situations encountered in the provision of organized camping services for campers with special needs. One is the specialized camp whose purpose is to serve a special population or populations, and the other is the camp who seeks to mainstream campers with special needs into the "normal" camp setting.

Recognizing the complexity of the topic of serving persons with special needs in organized camping, trainers should identify reasonable expectations for a six-hour managerial dealing with this subject. The emphasis should be placed upon helping participants identify specific questions that should be asked when evaluating whether a camping program is appropriate for a camper with a special need. Further, attention should be directed toward identifying resources that camp directors can use to obtain the best information to make sound decisions when offering services to campers with special needs. The focus of the managerial should be to provide the camp director with as many concrete tools as possible to initiate new programs, as well as to evaluate and improve programs already in operation.

In practical terms the camp director must be able to make intelligent decisions regarding to whom he or she can provide a safe and enriching experience. Camp directors should not unnecessarily exclude clientele who can benefit from, as well as contribute to, a camping program. Equally important, the camp director should not accept individuals for whom he or she cannot insure a reasonably safe and

secure growth environment. These are the issues that this managerial should address. In addition, the managerial should serve as an educational opportunity for the camp director who is responsible for the camp specializing in serving campers with special needs. The managerial should be a valuable resource for those camp directors seeking to keep abreast of the best information available concerning the provision and evaluation of camping experiences in the special camp.

Performance Objectives

The objectives presented in this section were developed from the ACA-approved objectives for this managerial. The author has reorganized the objectives and added objectives to provide more specific information and detail. As a trainer, you can do the same thing as long as you use the ACA-approved objectives as your sole guideline. Objectives of this managerial guide relating to serving persons with special needs include the following.

- Ability to characterize common impairments, disabilities, or chronic illnesses which may occur among potential camper populations.
- Ability to evaluate accessibility of campsite and provide suggestions for temporary as well as long-term adaptations.
- Ability to evaluate which individuals with special needs one's own camp can serve and provide a safe, enriching environment.
- 4. Knowledge of adaptations which may be necessary in the camp setting in order to serve particular disabilities, impairments, and chronic illnesses.
- Knowledge of the current status of state and federal legislation, as well as ACA Standards which relate specifically to campers with special needs.
- ŏ. Ability to discuss the issues surrounding "mainstreaming" and to develop guidelines for assessing a camp's readiness to mainstream.
- 7. Knowledge about research regarding a) attitudes—how they are formulated and changed, and b) campers with special needs in camp—both in the specialized camp and in the mainstreaming situation.
- 8. Knowledge of publications, organizations, training programs, and professionals who can provide information and assistance regarding serving persons with special
- Ability to analyze specific activities as to their appropriateness for campers with special needs, and to identify possible modifications necessary to promote meaningful participation.

10. Ability to develop evaluation strategies for camps serving campers with special needs both in the specialized camp and in the mainstreaming situation.

11. Knowledge of sound recruitment strategies for a) campers and b) staff in the camp serving persons with special needs whether specialized or mainstreamed.

Managerial Outline

The following outline summarizes the topics and organizational structure of the managerial. It should be helpful to the trainer in reviewing and locating material, as well as in restructuring and planning a current training program.

I. Campers with special needs

A. Terminology—what is appropriate . . . disabled, impaired, chronically ill, inconvenienced . . ?

B. Legal and moral rights of persons with special needs

C. Characteristics of special populations

II. Evaluating a camp's ability to serve special campers

A. Architectural barriers

B. Attitudinal barriers

C. Staff

D. Program

E. Medical procedures and facilities

F. ACA Standards

G. Who can I serve?

. III. Adaptation in the camp environment

A. Site and facilities

B. Program

C. Staff

IV. Mainstreaming versus the specialized camp

A. Readiness for mainstreaming—the camp and the cantner

B. Least restrictive environment

C. .Camper needs and preferences

V. Operation of the camp serving persons with special needs

A. Site and Facilities

B. Administration

C. Personnel

D. Program

E. Evaluation

VI. Evaluation

A. The evaluation team

B. Developing criteria for evaluation

Suggested Program Outline*

8:00 AM Registration

8:30 AM Introductions and review of background and expertise of group members

Review of goas and expectations

Use of terms: handicapped, disabled, impaired, chronically ill, inconvenienced, etc.

9:00 AM Film "Camping and Recreation Facilities for the Handicapped" (Used as an introduction to focus upon the topic of the workshop with visual images. Also provides factual information about opportunities available for the handicapped.)

9:30 AM Camper Characteristics Exercise

10:00 AM Camper Characteristics Exercise group reports

10:30 AM Coffee Break

10:40 AM Activity Analysis Exercise

11:50 AM Status of Legal and Moral Rights of the Handicapped (Lecture presented by a professional active in the field of advocacy for the handicapped)

12:30 PM Lunch

1:30 PM Mainstreaming vs. Specialized Camp—Panel Discussion (Panel comprised of professionals and experienced camp directors with questions posed by workshop group)

2:30 PM Coffee break
2:45 PM Exercise: "Who Can I Serve?"
4:00 PM Camp Evaluation Projects

5:00 PM Evaluation Project group reports

5:30 PM Closing Remarks

Workshop Evaluation Forms

Pre-Managerial Preparation by Participants

A on "day workshop has obvious time constraints. The extent and depth of activities will be severely limited. Therefore, the experience can be enhanced for all participants if certain pre-workshop assignments are carried out. This will insure exposure to a minimum level of background information and provide meaningful materials to assess and work with during the actual session. Following are suggested preworkshop assignments.

For the camp director with little or no experience working with special populations and no formal training which addressed the characteristics of individuals with special

1. Read the Awareness Workshop Resource Packet: Serving " Persons with Disabilities through Camping. (This publication should be available through local ACA Sections, as well as the ACA publications department at Bradford Woods.)

2. Review pamphlets published by special populations advocacy groups. (A selection of these pamphlets appears in Appendix C and could be distributed to all workshop

participants by the trainer.)

For camp directors experienced in working with special populations:

1. Evaluate the Awareness Workshop Resource Packet: Serving Persons with Disabilities through Camping in light of your own opinions and understandings. Bring to the workshop a short, written statement of the value of this publication along with recommendations for its use.

2. Bring to the workshop a listing of the special populations you serve in your camp along with a description of the characteristics and special needs of campers you have

accommodated.

All workshop participants:

1. Bring to the workshop a written statement entitled "Who I Can Serve in My Camp." This statement should include: a) a description of eligibility policy for participation in your camping program, b) an indication of which (if any) special populations are currently recruited by your camp, and c) a description of any circumstances under which a camper would not be accepted into your camp.

2. Fill out the participant profile form and return it to the trainer prior to the beginning of the workshop if time permits. Otherwise bring it with you to the workshop. (A sample participant profile form appears in Appendix A.)

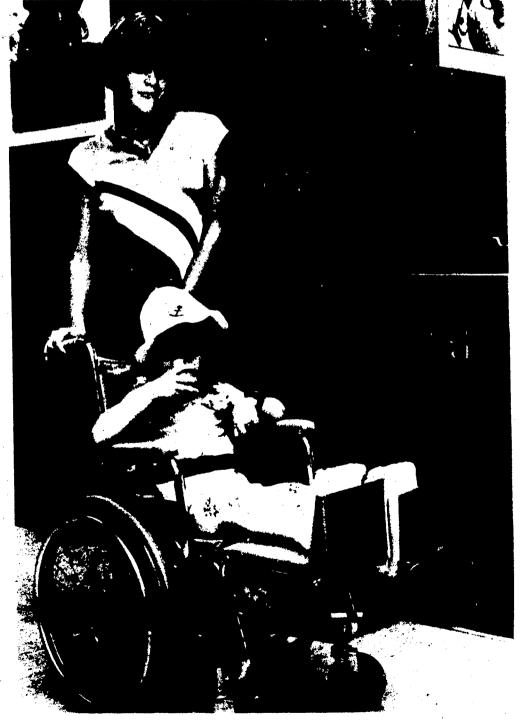


^{*}The actual content and emphasis of each workshop should be tailored to the knowledge and experience of the participants.

Suggested Learning Activities

OBJECTIVES	SUGGESTED ACTIVITIES	TRAINING APPROACH	CONSIDER./TIME	EVALUATION
1, 2, 4	Show film "Camping and Recreation Facilities for the Handicapped"	Audio-visual resource	30 minutes	Completion of activity
1	Camper Characteristics and Resources Exercise. Group as a whole identifies special populations who are potential campers. After conditions are listed, small groups are assigned a portion of the list to make a chart of the characteristics of each group.	Small group work sessions	1 hour. Provide resources — books, pamphlets, people, etc. Distribute printed bibliographies and listings of advocacy groups.	Completion of reports
3, 4, 9	Activity Analysis Exercise. Review of Carol Peterson and Scott Gunn's "Activity Analysis" with opportunity for pairs to analyze and modify a specific activity in a designated setting for persons with various disabilities.	Consultant explanation and Problem-solving in pairs	l hour	Completion
5	Status of legal and moral rights of the handicapped	Professional working for agency serving as advocate for the handicapped	40 minutes	Completion
6	Mainstreaming vs. specialized camps	Panel comprised of experienced camp directors, professionals, and parents, Moderator directs scope of direction. Participants can ask questions.	1 hour	Preparation of guidelines fo mainstreaming
2, 3, 4, 5	"Who can I serve?" Exercise. Participants individually re-assess their camps in regard to camper groups who they believe they can currently serve. In addition, projections should be included that indicate additional groups that could be served with specified alterations. Participants produce a written statement which will be compared with the pre-workshop assignment.	Individual	1 hour 15 minutes	Completion
2, 4, 7, 9 10, 11	Camp Evaluation Project. The group produces evaluation criteria for all phases of a camp program, site, and facilities in a camp (hypothetical or real) specializing in serving the handicapped.	Large group participation	l hour	Completion of activity
	learning activities .ip to this point have correspondenting performance goals.)	nded with the suggested pro	gram outline. The activitie	es that follow are alternativ
1,7	View slide programs or films describing various handicapping conditions and attitudes about disabled persons.	Large group participation	20 minutes-1 hour	Completion
3	Give to participants camper information forms to evaluate and decide whether an applicant would be accepted or rejected in their camp. If accepted specify any modifications necessary. If rejected specify prohibitive conditions.	Individuals	30 minutes-1 hour	Completion
	Use the American National Standards Institute "Architectural Barriers Checklist" to evaluate the	Pairs	30 minutes-1 hour	Completion
2	training site and facilities for accessibility.			
2 7	Have a social psychologist or other professional present information regarding attitudes—their formulation, modification, strengthening, and alteration.	Large group	1 hour	Completion

OBJECTIVES	SUGGESTED ACTIVITIES	TRAINING APPROACH	CONSIDER./ FIME	EVALUATION "
11	Prepare sample statements for recruitment of campers with special needs.	ladividual	30 minutes-1 hour	Completion
11	Role-play job interviews of counselors applying to work a) in a specialized camp, and b) in a camp which mainstreams.	Small group	30 minutes-1 hour	Completion
4, 11	Staff training procedures: a) specialized camp, and b) camp that mainstreams	Presentation by an experienced camp director	1 hour	Completion
7	Research about campers with special needs	Presentation by university consultant who emphasizes applications of cumulative research in this area	30 minutes-1 hour	Completion



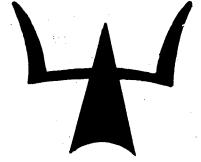




International symbol of access for "the disabled," those who are "confined to a wheelchair"



Handicappers' international symbol of access for wheelchair-users.



Symbol of an accessible future through design balance for all the public—ERGONOMICS

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Disability

DIS, N. 1. The Roman God of the Underworld, the dead, identified with the Greek God Pluto. 2. The lower world; Hades.

dis- Prefix indicating 1. negation, lack, invalidation, or deprivation; as distrust, dishonor. 2. Reversal; as disintegrate, disunite. 3. Removal or rejection; as disbar, dismiss. 4. Intensification or completion of negative action; as disable, dismember. (Old French Des, Latin Dis-Apart, asunder.)

disabled, Adj. Deprived of ability or power, incapacitated.

impotence, N. Without strength or power; helplessness; ... Syn. 1. Inability, disability, impulssance, incapacity, ineptitude, inefficiency, incompetence, disqualification. 2. Inefficacy (see uselessness), failure, helplessness, prostration, exhaustion, enervation, emasculation, castration.



Handicapped

handicap, N. 1. A race or other competition in which difficulties are imposed on the superior contestants, or advantages given to the poorer ones, so that all have an equal chance at winning. 2. The disadvantage or advantage that is given. 3. The effects of general social or cultural stigmatizing of an individual because of certain physical or mental characteristics which are not recognized or accepted by one's society or cultures as normal, natural, or optimal aspects of humanity. (See hinder/hindrance.)

handicapped, Adj. 1. Operating with a handicap, as in a contest. 2. The state of being in which one experiences a social or cultural stigma or devaluation because of a physical or mental characteristic not recognized by one's culture

or society as a normal, natural or optimal aspect of humanity.



Handicapper

HANDICAPPER, N. 1 One who determines or assigns handicaps. Usually an official who assigns handicaps to contestants, as in a tournament. 2. A person who tries to predict the

winner of a horse race on the basis of past records; track conditions, etc.

Handicapper, N. 1. One who determines the degree to and manner in which one's own definable physical or mental characteristic(s) might direct life's activities. 2. One who may experience a handicap in some specific situation, but who in a specific competition or other activities operates on a par with, or superior to, one who does not experience said handicap. 3. One who rejects the stigma or inactive role in life usually associated with his/her characteristic(s).

Negative Terms/Phrases/Images

disability
defect
chronic illness
affliction
problem
tragedy

cripple deaf mute retard victim

the disabled

the handicapped, crippled the impaired, infirm, sick, ill invalid, inflicted, deformed the deaf and dumb those living in darkness those suffering, from . . .

... something wrong with ... confined to a wheelchair

wheelchair-bound wheelchair victim

blanket over legs walks on crutches

Tiny Tim/Tina

passive poster-child home-bound, bed-ridden invalid "in" a wheelchair

The able-bodied (ABs)

Normal, regular/abnormal, special (transportation, education, facilities)

Barrier-free design/special facilities Separate back-door ramps

sidewalk, curb cuts (for bicycles)

"WALK," "DON'T WALK" street crossing signals

"WALK IN" door or window welcome signs

Positive Terminology ,

characteristic (physical, mental, etc.) handicap (one does not have a handicap, one experiences a handicap only in certain situations or as result of social stigma regarding their characteristics)

challenge

Handicapper (only appropriate for those who reject social stigma, that is, their characteristics; those who judge for themselves or direct their abilities)

Handicappers

A generic group or class of people experiencing, but rejecting, social stigma and unjust discrimination regarding their characteristics.

wheelchair user/rider uses (using) a wheelchair, rides (riding) a 'chair

works or operates from a 'chair

chairioteer

uses crutches/crutch user

Tiger Toni (Tony), Terry (Terri) Terrific, Speedie (Speedo) "Gettin it on"

Temporarily or perceived to be able-bodied (TAB, PAB or currently regarded as AB)

Public (for all) transport, education, facilities, services, etc.

Environmental design

Ergonomics/design for ALL

Equal design consideration/all grade-level exits and entrances

public way, path ramps (for wheelchair users, baby carriers, seniors, etc.)

"STOP," "GO"—"CROSS,"

"DON'T CROSS."—"GO,"

"WAIT"

"COME IN," "ENTER," "WELCOME"

"Images, Words and Identity" is one of a series of articles researched and published by Eric A. Gentile and Judy K. Taylor (copyright pending), Michigan State University/Handicapper Programs, W-402 Library Building, East Lansing, Michigan 48824. The following are some attitudinal blocks identified by Dr. John Nesbitt, which affect our ablity to relate to persons with disabilities. They may serve as a basis of exploration of our own feelings and help us obtain some perspective about the problems of acceptance.

The Futility Syndrome. "What can I do to help? The situation is impossible." Laws. Money. Barriers.

The Leprosy Syndrome. "If I touch them, I may get it. These conditions, like cerebral palsy, are contagious."

The Deuteronomic Syndrome. "They must have done something wrong. God means for them to be punished. If they repent, they will get well." This attitude is classical Deuteronomic Code right out of the Old Testament, which says in essence, "Do good and ye will be blessed; sin, and God will punish you." There are many people whose "gut-level" thinking and feeling follow this line, and for these people, attitudes make them negative facilitators.

The Punishment Syndrome. "They are not in jail to be coddled and play games; they're there to be punished." This kind of thinking was inherent in the Nixon/Agnew/Mitchell "law-and-order" platform. [Karl] Menni-

ger wrote about it in the hook Crime of Punishment.

The Hypocrisy Syndrome. "We serve the handicapped; that doesn't mean that we have to employ them." This syndrome is characteristic of some individuals and agencies in education, special education, recreation and parks, therapeutic recreation, welfare and social work, rehabilitation, etc. Count the number of handicapped employed in your agency, university, hospital.

The Charity Syndrome. "I gave to Cerebral Palsy but that doesn't mean that I want my daughter to marry one."

The Civic-Pride Syndrome. "Why sure I am concerned about the handicapped. Our local chapter of the Royal Order of Roosters gives a Christmas party at the rehabilitation center every year." This syndrome is especially pernicious because well-intended people are assisted in deluding themselves into thinking about how they can solve the horrendous problems of disease, disability, poverty, inequality, ignorance, and violence. There is no room for Pollyanna in the fight against prejudice.

The Me-Me-Syndrome. The handicapped person speaks, "I am here at this meeting with my problem. I want it solved this minute. I refuse to do the staff work, the surveying, or joining with other handicapped persons in order to give really sound advice and guidance to civic-minded citizens or professionals." The role of consumer spokesman is no less demanding

than any other professional role.

The Defense Syndrome. "I don't see what you recreation-for-handicapped people are squawking about; we are meeting our social and professional obligation by running a once-a-month social night for the mentally retarded and 25 kids show up pretty regular." Yes, 25 out of a population of maybe 2,500 that need recreation and leisure service.

The All-Those-Others Syndrome. "I simply can't divert money, personnel, and resources away from the 500,000 able-bodied that I serve to the 500 severely handicapped that I don't serve. I have all those others to worry about and I can't be concerned with a handful of handicapped."

The Lack-of-Training Syndrome. "I can't take handicapped people into my program. I don't have the trained staff to handle epileptic fits, convulsions, slobbering, soiled-shitty clothing, and poor speech."

The Smooth-Waters Syndrome. "I can't have these people in my center [program] because the other participants, the regular people, their parents, the staff, the food suppliers, the janitors, the W.C.T.U.—they would all just quit my program. I can't make waves or the whole thing will just come down on me. We don't want that, do we?"

*John A. Nesbitt. "Special Community Education for the Handicapped: A Proposed Model to Meet the Total Life and Leisure Needs of the Handicapped Child and Adult." in Common-Unity in the Community: A Forward-Looking Program of Recreation and Leisure Services for the Handicapped, ed. Effic Fairchild and Larry Neal (Eugene, Oreg.: University of Oregon, Center of Leisure Studies, 1975), p. 69.

Gunn and Peterson* have developed the following syndromes that persons providing recreational services to the handicapped must be careful to avoid.

The Bless-Their-Hearts, Aix't-It-Awful Syndrome. "Since life has been so good to me, I feel obligated to help those poor souls who are less fortunate than I." This syndrome often results in the therapeutic recreator being "hooked" by sob stories, thus becoming extremely vulnerable to manipulation.

The Messiah Syndrome. "My mission in life is to save the suffering masses from their anguish and torment. Let all of the ill and handicapped come to me for help, 24 hours a day; 7 days a week. I'm always loving, kind, and available." Needless to say, this syndrome can be destructive, since energies are quickly depleted and the client never has the opportunity to realize the value of limits being imposed. Modeling "ever-present availability" also sublty asks the client and other staff members to ignore their individual needs for personal time and space.

The Great-Guru Syndrome. "You're always the patient and I'm always the therapist. Your every word and action must be analyzed for their underlying meanings." Obviously, no one is in constant need of therapeutic scrutiny. There is a time to be analytical and a time to simply be!

The I-Need-a-Stroke-but-I-Ain't-Telling' Syndrome. "Oh, let me help you with that. There's no use straining yourself. You probably need help and I don't mind your being dependent on me." The tendency to be overly helpful, thus precipitating unnecessary dependency, most often occurs when the helper is feeling unloved or unneeded in personal relationships, and thus finds comfort in being needed by clients. Very simply stated, the helper needs a hug and by hugging the client she or he rips off the needed hug (or stroke). The irony is that dependency most often results in hostility.

The Rescuer Syndrome. "I'm guessing that you either need help or a spokesperson, so I'll jump in and help you before you even ask." The person who is constantly rescuing others very often gets blamed for any failure

that the client experiences, thus becoming the victim.

The Bubhle-Gum-Kid Syndrome. "Life is always bouncy and fun. Everything is wonderful with me. I'm so together!" The tendency to feel that we must always portray the happy-go-lucky, rah-rah recreator is not only dishonest, but extremely intimidating to those around us. Even leaders have down days and quiet moments. A bit of personal humanness is therapeutic.

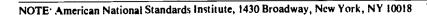
The Tough-Guy Syndrome. "Quit your bellyaching and get moving. I don't care what your disability is. You can do all things well and independently." A firm approach is necessary with many clients, but no one should be expected always to be tough and determined. Occasional gentle and understanding moments are necessary to overcome frustration and discouragement.

Gunn, Scott Lee and Peterson, Carol Ann. Therapeutic Recreation Program Design: Principles and Procedures. © 1978, pp. 174-179. Reprinted by permission of Prentice-Hall, Inc., Englewood Cliffs, NJ.



(For definitions and explanations, refer to "American National Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by the Physically Handicapped") See Note. A check of local codes is recommended since different states have different requirements.

General Grounds Welks 48" wide and gradient not greater than 5% (one foot rise in 20 feet) continuous surface, with no steps or abrupt changes Drinking Fountains NAME OF UNIT __ appropriate number for easy accessibility ____ upfront spouts and controls hand operated or hand and foot operated **Buildings** Ramps _ incline no more than 1 ' in 12 ' at least one handrail 32 "high extending 1' beyond top and bottom ____ non-slip surface 5' x 5' platform at top if door opens out, 3' x 5' if door opens in ___6' clearance at bottom _ rest platforms every 30' and at turns Entrances _one primary entrance usable by wheelchair Doors and Doorways 32" opening by single effort 5' level clearance in direction door swings ___ thresholds flush Stairs __ no square nosings handrails 32" high, at least one extending 18" above and below steps ____ risers do not exceed 7' **Floors** __ non-slip surface **Toilets** traffic space for wheelchairs and walkers mirror no higher than 40" shelf, dispensers, and disposal units no higher than 40" toilet room has at least one toilet stall 3' x 4' with 32" door opening out, handrails on each side and water closet 20" high at seat lavatories usable from wheelchair urinal openings 19" high or level with main floor shower entrance flush or ramped





Resource Sheet #4—Worksheet on Disabilities, Impairments, Chronic Illnesses

Adaptations Which May Be Used in Camp:

	Condition	Characteristics	Staff	Building/Site	Program
<u>A</u> .	Epilepsy				·
			· · · · · · · · · · · · · · · · · · ·		
<u> —</u> В.	Cerebral Palsy	· · · · · · · · · · · · · · · · · · ·	. •		
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	Man a las Daniels	_			
٠.	Muscular Dystrophy	· · · · · · · · · · · · · · · · · · ·			•
_		· · · · · · · · · · · · · · · · · · ·			
D.	Diabetes		<u> </u>		<u> </u>
			<u> </u>	<u> </u>	·
			, <u> </u>		,
E.	Spina Bifida			<u> </u>	
			<u> </u>		· · · -
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
<u> —</u> Е.	Paraplegia		<u> </u>	<u> </u>	
	•			*	
			<u> </u>		
_	Overdeenlesis	<u> </u>			·
G.	Quadraplegia				
			<u> </u>		•
_	· · · · · · · · · · · · · · · · · · ·				·
Н.	Hearing Impaired (slight-total)		<u>. </u>	7	.
	(,			er .	
I.	Visually Impaired (slight-total)		· 	· -	
	(slight-total)				
		•			
 J.	Rumatoid Arthritis				
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	:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·
			· ·		



Adaptations Which May Be Used in Camp:

	Condition	Characteristics	Staff	Building/Site	Program
K .	Asthma				
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			· •	-	· · ·
 T.	Learning Difficulties:		· .		
		·	· .	•	
					
	EMR				
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		· · · · · · · · · · · · · · · · · · ·	· · · ·	<u> </u>	
	TMR				<u> </u>
		<u> </u>			
				· ·	-
	Severe			•	
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	Profound			·	
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Μ.	Behavior Difficulties			<u></u>	
					· ·
N.	Emotional Difficulties	•			
				· · · · ·	
J- * *				•	. :
	Other (medica)	<u>:</u>	.	-	· _ -
U.	Other (specify)	ALACA	•		
	Gr.				
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Resource Sheet #5 Principles of Activity Analysis*

Background Information	11. Agility Much Little
Activity Analysis is a process of breaking down an activity into component parts to evaluate its potential for contribu-	agility 1 2 3 4 5 agility
tion to program objectives. Activities are "disected" in order to understand the potential of the activity to contribute to the achievement of specified goals.	12' How much of the body is involved? top halftorsoeyesbottom halfheadmoutharmshandsearslegsfeetneck
Activity analysis should reveal exactly what skills are required in order to participate in an activity. Activities should be fully analyzed looking at the physical, mental, and emotional requirements. Some activities will be easier to analyze than others. Games	13. How much coordination of these parts is necessary? Much Explain Little
with formal rules are easier to break down than activities such as crafts or wilderness camping.	14. Rate degree of cardiovascular activity required. Much Little
Activity Analysis Rating Form*	activity 1 2 3 4 5 activity
Activity:	15. Rate the degree of joint stress. Much Stress 1 2 3 4 5 Stress,
Physical Aspects	
1. What is the primary body position required?	Social Aspects
prone kneeling sitting standing other	1. Interaction Pattern unilateral
2. What types of movement does the activity require? bending catching stretching throwing	extraindividual multilateral aggregate intragroup
standing hitting walking skipping	interindividual intergroup
reaching hopping	2. How many primary participants does the activity demand?
grasping running punching	 Does the activity promote sexual homogeneity or heterogeneity? Explain.
3. What are the primary senses required for the activity? Rate 0 = not at all, 1 = rarely, 2 = occasionally, 3 = often touch	4. Can everyone communicate with everyone else by nature of the activity? No
sightsmell	5. What is the primary communication network?
4. Strength Much strength 1 2 3 4 5 strength	Bivaps of and
5. Speed Much speed 1 2 3 4 5 speed	6. Does the activity demand that there be a leader in the group (does one person get most of the group focus)? Yes No Occasionally
6. Endurance Much endurance 1 2 3 4 5 endurance	7. Does the activity require cooperation or competition? Explain.
7. Energy Much energy 1 2 3 4 5 energy energy	8. How much physical contact does the activity demand?
8. Muscle Coordination	Much Little
Much Little coordination 1 2 3 4 5 coordination	contact $\frac{1}{2}$ $\frac{2}{3}$ $\frac{3}{4}$ $\frac{4}{5}$ contact
9. Hand-Eye Coordination Much hand-eye coordination 1 2 3 4 5 Little hand-eye coordination	9. How closely spaced are the participants? Close Far together 1 2 3 4 5 apart
10. Flexibility Much flexibility 1 2 3 4 5 flexibility	10. What level of social relationship does the activity promote? Intimate Distant relationship 1 2 3 4 5 relationship
nexionity	11 How structured is the activity? Highly structured 1 2 3 4 5 Freely structured



12	Type of interactio	n						8. Rate the dem			g identific	ations.		
	communication	1	2	3	4	5	Nonverbal communication	Form ar. J Sh	Offi name 1	ten 2		3	4	<i>Never</i> 5
							communication	Colors	1 1			3	4	
13.	Inclusion-Exclusion	ວກຸ	•					Size	i- -	2		3	4	
	Inclusion	<u>. </u>		3	-	5	Exclusion	Tactile	· - <u>-</u> -			3	4	
14.	Noise Level							Objects	-i			3	4	5
	High	1	2	3	4	5	Low	Classes	1	. 2		3	4	5
	3							Numbers	- <u>-</u> -		· · · · · · · · · · · · · · · · · · ·	3	4	5
15.	Independence-Mir	nicry	2	3		5		Nonverbal						
	Independence	-					Mimicry	Questions	1	2		3	4	5
16.	Independence							Auditory						
	Independent	<u>1</u>	2	3	4	5	Dependent	Symbols	1	2^		3	4	.5
	T 1							Visual						
17.	Innerdirected Innerdirected	1	2	3	4	5	Outerdirected	Symbols	1	2		3	4	5
	Immerantetta				<u></u>		Outerairectea	Concrete		•		3	4	
18.	Rewards		_			_		Thinking Abstract	1	2		<u>. </u>		5
	Immediate	1		3	4	5	Delayed	Thinking	1	2		3	٠ 4	5
10	Maturity						Ç. z. ·	○ Body Parts	1	2		3	4	5
17.	Adult	1	2	3	4	5	Childish	,202, 1 200					-	
							·	9. Check direct	ionality re	quired.				
								Left right			Person/	Object		
							i.	Up down Around						
Co	gnitive Aspects						•	Over under			•	Object		
1	How complex are	the r	ılac veh	ich mu	ct he ad	thered to?)				· .			
•	Complex	1	2 2	3	4	5	Simple	10. Complexity	of scoring		_			
	· ·						Simple	Very Complex	1	2 3	4	5		Not complex
2.	How much memo	ry ret	ention	is nece	ssary?			Complex	1					complex
	Much	1		,	4		Little		•					
	memory	1	2	3		5	memory	Emotional Dema	ands					
3.	How much strateg	v doe	s the ac	tivit v r	eauire?	•		1. Rate the oppo	amumitian (ha falla		iiona dur
	Much			-		·	Little	ing this activ		or tra expre	SSIOH OF U	ne iono	wing citio	tions dui-
	strategy	1	2	3	4	5	strategy	,,,,g,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ofi	en				Never
						<u>:</u>	•	Joy	1	2		3	4	5
4.	How much verbali	zatioi	is requ	uired?			•	Guilt	.1.	2		3	4	5.
	Much ,	367				_	Little	Pain	1	2		3	4	5
	verbalization	<u></u>	2	3	4	5	verbalization	Anger	1	2		3 _	4	5
٠,	How much concen	tratio	n is rec	mired?				Fear	1	2_		3	4 .	5_
٥.	Much	,	11 13 100	juii cu .			Little	Frustration	1	. 2		3	4	5
	concentration	1	2	3	4	5	concentration	2. Rate the likely	responses.					
				•••				Success	1	2 3	4	5 F	ailure	
0.	How often are the $0 = \text{never}$, $1 = \text{ran}$					often		Satisfaction	1	2 3	. 4	_5 D)issatis fact	ion
	Reading							Intrinsic		, ,	4		xtrinsic	
	Writing.				pelling			reward		4 3	4 -		ward	
_	C1 111			3		• ,		Acceptance Confidence	i	23	4	***	ejection	
7.	Skill required Much			•				Excitement	1.	2 3	4		nferiority	
	skill	1	2	3	4	5	Chanee	Cooperation	1	2 3	4		pathy	
7.							. *	Patience	!	2 3	4		efiance	
								Manipulation	<u> </u>				npatience	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		٠.					Awareness		2 3	· • ·		onmanipu	
								of others	1	2 3	4		wareness f self	
													*	
	``							Administrative As	pects			. ,	.*	
			,					1.EADERSHIP	Minimun	1	M	laximur	n	
								EQUIPMENT	None					
			`					DURATION	Set Time		ural End		Continuo	ous
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								COMMENTS	a mount of					

Resource Sheet #6 Accessibility Slide Narrative

Following is the narrative portion of a slide set entitled: "Making Facilities Accessible." It provides good information about accessibility. A corresponding set of slides is available from the national ACA headquarters. Participants may wish to create their own set of slides to match the narrative. This example may also serve as an incentive for some to prepare a complete slide presentation based upon specific facilities and demonstrating adaptations incorporated to serve persons with special needs.

Making Facilities Accessible

by Bernie Schrader and Sue Stein
(A Slide Script Prepared for ACA's Project STRETCH, 1980)

- Slide 1: Current leadership in the professional camping world believes the opportunity to participate in organized camping should be available to all segments of the population. However, the design of many of our camp facilities has seriously limited participation of persons with physical disabilities,
- Slide 2: This program has been designed to help you, the director, manager, and board, with suggestions for reducing or-eliminating physical barriers in your camp.
- Slide 3: A good starting point is to organize a small committee of five to nine interested individuals. Enlist the assistance of a board member, site manager, director, and parents and teachers of the handicapped.
- Slide 4: Invite a manager/director of a camp for the physically handicapped to speak to your group about the special facilities he has, or make a field trip to one or more special camps.
- **Slide 5:** Develop a list of questions for the committee to consider when they survey your own site to determine architectural barriers which prevent participation by the physically handicapped.
- **Slide 6:** Some of the questions you may wish to consider are: What is your overall reaction to the site? Would a physically handicapped person feel welcome? Is the parking lot close to the facilities?
- Slide 7: Are the walkways and trails easy to negotiate? Are buildings and activity areas accessible to someone with a mobility limitation?
- **Slide 8:** Are dining and living facilities arranged in a convenient manner?
- Slide 9: What adaptations could be made to provide easier access by the physically handicapped?
- Slide 10: How are the camp promotional information and entrance identified as accessible to the handicapped?
- Slide 11: Following the completion of your site survey, ask the committee to prioritize the list and develop a plan for implementation to reduce or eliminate all barriers.
- Slide 12: The remainder of this program provides suggestions for eliminating barriers in a new or previously established camp site.

- Slide 13: Parking is essential if the physically disabled are going to be able to enjoy your camp. The parking lot is normally the introduction to the site. Parking spaces should be provided no further than 200 feet from the main entrance, at least 12 feet wide, paved with a smooth, non-slip surface and designed so these individuals do not have to wheel or walk behind other parked cars. It is recommended that a minimum of one space be marked "Handicapped Parking."
- Slide 14: Vertical changes greater than ½"-1" provide a formidable barrier to a wheelchair. Care should be taken when concrete is poured that no barriers are allowed to exist and if so, that a ramp is provided.
- Slide 15: It is recommended that walkways be at least 36" wide (60" is preferred for two wheelchairs to pass) with a maximum slope of 20:1 (50:1 is preferred). Plantings or gravel will warn visually handicapped of a change in surface.
- Slide 16: Walks should be of continuing surface and not interrupted by steps or abrupt changes in surface. Walks crossing other walks should blend at the same level.
- Slide 17: Guard rails or curbs should be placed at all dangerous areas. Adequate lighting should be added along walkways used heavily at night.
- Slide 18: Walks with slopes of more than five percent are considered ramps. A slope of 12:1 is the recommended guide for ramps. Ramp surfaces should be non-slip.
- Slide 19: Long ramps should have a level resting place every 30 feet. Ramps longer than six feet should have handrails of 30-34" height on both sides of the ramp. If children are the primary users of the ramp, a handrail should be provided at a height of 24".
- Slide 20: Too often design considerations are maximized for the severely handicapped with little thought given to individuals with braces, canes, or crutches. Properly constructed stairs can accommodate these persons as well.
- Slide 21: All risers and treads should be 11" deep and steps no more than 7" high, and at least 44" wide. A level landing of at least 48" x 48" should be provided at the top and bottom of the stairs. Handrails should follow the same guidelines as ramps and be easy to grip.
- Slide 22: Handicapped persons often feel they are "back-door citizens" because the only entrance available to them is a back door or loading ramp. Entrances need to have a clear opening of at least 32" width. (The averge adult wheelchair is 27" wide.
- Slide 23: It is recommended the door open with no more than eight pounds of pressure and close slowly to prevent the door from catching the person.
- Slide 24: Sharp inclines at doorsills should be avoided. Thresholds should be kept flush with the floor whenever possible. Avoid loose, thick doormats that might bunch up under small wheels. Whenever possible use door handles or bars instead of doorknobs.
- Slide 25: Toilet stalls need to be 42" wide by 72" deep and have a door at least 32" wide that swings out, or provide a curtain closure. Handrails on each side should be 32" 34"



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high, parallel to the floor and 42" long. The toilet seat should be 17"-19" from the floor. There should also be a clear space of not less than 48" between the front of the toilet and the restroom stall door.

Slide 26: Lavatories, shelves, and mirrors for use by the handicapped should be no higher than 38" at the top of the shelf and bottom of the mirror.

Slide 27: To allow for the turning of a wheelchair, a $5' \times 5'$ space is desirable. Hot water temperature should be no more than 120 degrees F. Premixed single temperature water is recommended.

Slide 28: Showers particularly need to be adapted for use. Few handicapped persons have a second chair for showering. The standard wheelchair is not waterproofed. Thus the person would seat himself in the shower, move the wheelchair back into the dressing area, and pull the curtain.

Slide 29: A moveable showerhead or hose allows the person to turn on the water away from his body and adjust the temperature.

Slide 30: Dimensions for the shower stall should be at least 42" wide with a parallel handrail 32"-34" above the floor. A bench seat should be 16" wide by 17"-19" high and attached to one side of the stall. The shower head should be no higher than 60" from the floor; controls, soap dish and clothes hooks no higher than 38".

Slide 31: Sometimes the small elements of a camp facility are overlooked as attention is focused on major construction. Drinking fountains, telephones, and tables should also be considered.

Slide 32: Water fountain should have spouts and controls located at the front of the machine and no higher than 33" from the floor. It should have a flow of water high enough to insert a 4" drinking cup.

Slide 33: Telephones should be mounted no higher than 54" high on an easily accessible wall. Consideration should

be given to a phone with "touch tone" dialing and an adjustable volume control for the hard of hearing.

Slide 34: Tables for the dining room or scenic area should be high enough for a wheelchair to slide under or up against.

Slide 35: Swimming pools or beaches may use several different adaptations. Some pools have a ramp or stair steps leading directly into the pool. These have a tendency to collect algae and become extremely hazardous, thus requiring continued maintenance.

Slide 36: If a ramp is used, it should be located away from the center of the area to prevent injury to swimmers playing as they may collide with the rail or ramp. A chair lift may also be used to adapt a pool or to lower persons into a boat.

Slide 37: Boat docks and fishing piers should provide slanted railings which allow the person to rest his forearms. Railing heights should correspond to those given for ramps.

Slide 38: Wood decking should be perpendicular to the length of the pier and parallel to the shore. It should be spaced no more than 3/8" apart.

Slide 39: Handicapped trails should be shorter than normal hiking trails. They can be hard surfaced or contain natural surfacing.

Slide 40: Also, it is important to provide many rest areas and "feel-type" exhibits along the trail for the handicapped. For the blind, a rope may be erected along the edge for the person to hold while walking. An information station for the blind can be printed in braille or recorded on a cassette tape.

Slide 41: For additional information on making buildings and facilities accessible, contact your state capital for information, state code requirements related to adapting facilities for the handicapped; and the agencies/organizations currently serving the handicapped in your area.



Appendix A—Participant Profile Form

Name:				·		×
		,				
Current camp affilia	tion:		•			
☐ Camp director	Camp own			Year-round profe	ession:	
		(specify position)			•	121
☐ Resident camp	• •	Private camp	/ 'C	camp:		•
Number of years of c		•			.	
Camp director		Camp director of camp speing campers with special ne	cializing in serv-	Camp director in streamed campers	camp which with special	main- needs:
Camp staff member: (other than director)		Staff member in camp special no	cializing in serv-	Staff member in cam campers with specia		
Training in areas rela	nted to special po	pulations:				
Formal education: (specify)	Service de la companya della companya della companya de la companya de la companya della company	Workshops, seminar (describe)	s, etc.:	Other experience	s:	
	• .			. •		
				11	zo ·	
Experience working v (Please describe amo	with special popunt	ulation groups other than lived and types of experien	in camping:			
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What do you expect t	o gain from par	ticipation in this manageri	al?		•	
		ticipation in this manageri	·	•		
	_					



Appendix B—Resource Organizations

Alexander Graham Bell Association for the Deaf, Inc. 3417 Volta Place, N.W. Washington, D.C. 20036

Allergy Foundation of America 801 Second Avenue New York, NY 10017

American Alliance for Health, Physical Education and Recreation 1201 16th Street, N.W. Washington, D.C. 20036

American Association on Mental Deficiency 5101 Wisconsin Avenue, N.W. Washington, D.C. 20016

American Council of the Blind 1211 Connecticut Avenue, N.W. Washington, D.C. 20036

American Diabetes Association 2 Park Avenue New York, NY 10016

American Foundation for the Blind 15 West 16th Street New York, NY 10011

American Hearing Society 919 18th Street, N.W. Washington, D.C. 20036

American Physical Therapy Association 1156 15th Street, N.W. Washington, D.C. 20005

American Printing House for Blind, Inc. 1839 Frankfort Avenue Louisville, KY 40206

American Speech-Language-Hearing Association 10801 Rockville Pike Rockville, MD 20852

The Arthritis Foundation 3400 Peachtree Road, N.E. Atlanta, GA 30326

Arts and the Handicapped Information Service Box 2040 Grand Central Station New York, NY 10017

Association for Advancement of Blind and Retarded 16409 Hillside Avenue Jamaica, NY 11432

Association for Children with Learning Disabilities 5225 Grace Street Pittsburgh, PA 15236

Association for Retarded Citizens 2501 Avenue J Arlington, TX 76011

Association for Sports for Cerebral Palsy 17 June Street P.O. Box 3874 Amity State New Haven, CT 06525 BOLD (Blind Outdoor Leisure Development)
533 Main Street
Aspen, CO 81611

Braille Institute of America, Inc. 741 North Vermont Street Los Angeles, CA 90029

Child Welfare League of America 44 East 23rd Street New York, NY 10010

Christian Record Braille Foundation, Inc. 4444 South 52nd Street Lincoln, NE 68506

Council for Exceptional Children 1920 Association Drive Reston, VA 22091

Cystic Fibrosis Foundation 3379 Peachtree Road, N.E. Atlanta, GA 30326

Epilepsy Foundation of America 4351 Garden City Drive Landover, MD 20785

Juvenile Diabetes Foundation 23 East 26th Street New York, NY 10010

Mental Retardation Association of America 211 East 3rd Street South Salt Lake City, UT 84111

Muscular Dystrophy Association 810 7th Avenue New York, NY 10019

National Association for Deaf 814 Thayer Avenue Silver Springs, MD 20910

National Association of Developmental Disabilities Councils 1234 Massachusetts Avenue, N.W. Washington, D.C. 20005

National Association for Music Therapy P.O. Box 610 Lawrence, KS 66044

National Association of Sports for Cerebral Palsy P.O. Box 3874 Amity Station New Haven, CT 06535

National Association for Visually Handicapped 305 East 24th Street New York, NY 10010

National Center for Barrier Free Environment 8401 Connecticut Avenue, N.W. Washington, D.C. 20015

National Cystic Fibrosis Research Foundation 3379 Peachtree Road, N.E. Atlanta, GA 38326 National Easter Seal Society 2023 West Ogden Avenue Chicago, IL 60612

National Federation for the Blind 218 Randolph Hotel Building Des Moines, IA 50309

National Foundation of Wheelchair Tennis 3855 Birch Street Newport Beach, CA 92660

National Hemophelia Foundation 25 West 39th Street New York, NY 10018

National Handicapped Sports and Recreation Association Capital Hill Station P.O. Box 18664 Denver, CO 80218

National Kidney Foundation 2 Park Avenue New York, NY 10016

National Multiple Sclerosis Society 257 Park Avenue South New York, NY 10010

Natinal Paraplegia Foundation 333 North Michigan Avenue Chicago, 1L 60601

National Recreation and Park Association 1601 Kent Street Arlington, VA 22209

National Rehabilitation Association 1522 K Street N.W. Washington, D.C. 20005

National Therapeutic Recreation Society 1201 Sixteenth Street, N.W. Washington, D.C. 20036

National Society for Children and Adults with Autism 1234 Massachusetts Avenue, N.W. Washington, D.C. 20005

National Wheelchair Athletic Association Nassau Community College Garden City, NY 11530

North American Riding for the Handicapped Association P.O. Box 100 Ashburn, VA 22011

President's Committee on Mental Retardation 7th and D Streets, S.W. Washington, D.C. 20201

Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers 1828 L Street, N.W. Suite 704 Washington, D.C. 20036

Spina Bifida Association of America 343 South Dearborn Street Room 319 Chicago, IL 60604



CAMPERS WITH SPECIAL NEEDS

Appendix C Resource Pamphlets Available Relating to Camping*

Following are some descriptions of pamphlets available from various advocacy groups. Most are free-of-charge. To obtain the address of any organization listed consult Appendix B.

Available from the American Diabetes Association:

The Camper with Diabetes: Guidelines for Counselors. This excellent resource gives an overview and basic information on diabetes. It explains how to handle insulin reaction and acidosis. Information on proper diet is included.

Helping Your Child Live with Diabetes: Answering Your First Questions. 1978, 6 pages. Written for parents, this pamphlet discusses juvenile onset of diabetes. It explains how diabetes effects children, control of diabetes, and medical problems faced by children with diabetes. A good source of general information on one area of diabetes, it is easy reading for all ages.

Some Facts about Diabetes. 1978, 3 pages. This short pamphlet describes what diabetes is and the types of diabetes—general information for all ages.

What is Diabetes? 1978, 5 pages. Gives general information about what diabetes is, types, warning signals of diabetes, and why it is a health problem—easy reading for all ages.

Available from the American Foundation for the Blind:

Summer Camping Programs for Visually Handicapped Persons. A short pamphlet giving basic information.

What Do You Do When You See a Blind Person: 1975, 8 pages. In cartoon format this pamphlet discusses what to do and not to do when you come into contact with a blind person—general information for all ages.

Available from the Arthritis Foundation:

Arthritis in Children. 1977, 3 pages. The following topics are briefly discussed: what arthritis is in children, symptoms, what can be done to help, and the consequences of arthritis. General information is given on a high school level.

Available from the Christian Record Braille Foundation, Inc.:

Camp Safety Guide: Information to Work with the Visually Impaired. General guide to safety considerations at camp when including visually impaired campers.

Available from the Epilepsy Foundation of America:

Because You Are My Friend. 1973, 15 pages. A children's cartoon pamphlet which explains in very simple terms what epilepsy is, the symptoms it produces, and attitudes about epilepsy. It contains general information for explaining epilepsy to campers and staff children.

The Child with Epilepsy at Camp: A Guide for Counselors. 1981. This pamphlet is an expellent resource to give to every counselor at camp. It includes an explanation of epilepsy, first aid tips, and information on camp

Recognition and First Aid for Those With Epilepsy: Guidelines for Those Who Meet the Public. 1973, 11 pages. The pamphlet discusses how to recognize an epileptic seizure, types of seizures, causes, and first aid tips for major seizures. It contains general information for all ages.

The Role of the Nurse in the Understanding and Treatment of Epilepsy. 1977, 24 pages. This pamphlet, written in medical terminology, is especially designed for nurses. Types of seizures, body parts affected, and first aid are discussed in much depth. Also included is a section on helping others to understand epilepsy.

What Everyone Should Know about Epilepsy. 1978, 15 pages. An illustrated pamphlet which touches on the major concerns of epilepsy. Explained are what it is, causes, seizures, treatment, and diagnosis—general information for all ages.

*This listing was compiled by Elizabeth M. Farley.

Available from the Muscular Dystrophy Association:

Muscult Dystrophy: Fact Sheet. 1977, 8 pages. This pamphlet contains general information on what muscular dystrophy is, the early signs, the progression rate, causes, and treatment. Also included is a section on the major types of muscular dystrophy and their characteristics. Material is written on a high school and above level.

Available from the National Easter Seai Society:

Meeting and Introducting Persons with Disabilities. This pamphlet includes general information as well as tips for meeting people who use wheelchiars or crutches and for meeting people with speech difficulties and hearing and visual losses.

Welcoure Aboard. Tips for leaders who welcome young people with disabilities into youth-serving programs. Also tips on accessibility, design, and outdoor areas.

The Widening World of Sports and Recreation. This pamphlet highlights a variety of sports and recreational activities for disabled persons. A resource list of organizations to contact for further information is included.

Available from Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers:

Beyond the Sound Barrier. 13 pages. The second in a series on attitudinal barriers—common myths about the deaf are discussed and facts are provided to dispute the myths. Five scenes of prejudice about the deaf are illustrated. In these scenes, the deaf person's point of view is stressed. General informatin about deafness is provided. The material is appropriate for all ages.

Counterpoint. 13 pages. The fourth in the series on attitudinal awareness, it deals with attitudes faced by the disabled person. Common attitudes, both true and false, are discussed. Five scenes of typical prejudice are reviewed. This material is appropriate for all ages.

Dignity. 13 pages. The fifth in the series on attitudinal barriers, myths concerning the mentally retarded are discussed. Five scenes of prejudice are given, and the mentally retarded person's point of view is explored. Also included are tips on what to do when you meet someone who is mentally retarded. This general information is appropriate for all ages.

Free Wheeling. 13 pages. The third booklet in the series on attitudinal awareness, common myths along with the facts concerning persons in wheelchairs are provided. Five scenes illustrate prejudice toward persons in wheelchairs, including architectural barriers. Tips for relating to persons in wheelchairs are provided. Material is appropriate for all ages.

The Invisible Battle: Attitudes Toward Disability. 13 pages. The first booklet in a series of five on attitudinal barriers, common myths concerning the disabled along with facts about disabled persons z=e provided. Five scenes of prejudice that commonly occur in public places are given. The handicapped person's point of view along with suggestions for action to prevent the prejudice are discussed. A candid view of attitudes about the disabled is provided for all ages.

Available from United Cerebral Palsy:

What Everyone Should Know about Cerebral Palsy. 1977, 15 pages. Illustrations help the narrative interpret what cerebral palsy is, causes, symtoms, types, and how to deal with the condition. General information is given in an easy-to-read format for all ages.

Available from your local Lung Association:

Asthma: Facts about Your Lungs. This pamphlet contains an explanation of what asthma is: episodes—their courses and occurrences, treatment, prevention, and how to live with the condition. It has general information for all ages.

The Strange Case of the White Rahbit: A Teacher's Guide to Asmthma in Children. This pamphlet discusses what asthma is, the causes, what happens during an attack, what triggers an attack, feelings and attitudes the child has, and what to do in case of an attack. It is an attention getter and has general information approprite for all ages.



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Appendix D—Selected Bibliography

A staggering amount of information has been produced over the past ten years regarding persons with disabilities. The topics of recreation and leisure have been well represented. Government agencies have fostered a significant portion of the publications. All the major youth-serving agencies have produced materials. There is much information readily available to anyone with an interest in this area and much of it is free. Following is a selected bibliography which focuses on direct applications to camping.

Resources Available through ACA Publications (ACA Publications Code)

- Bogardus, LaDonna. Camping with Retarded Persons. United Methodist Church, 1970. (CM08)
- Directors of Agencies Concerned with Camping for the Handicapped. Project REACH, 1979. (CM 41)
- Easter Seal Guide to Special Camping Programs. National Easter Seal Society, 1968. (CM 19)
- Ford, Phyllis M. Your Camp and the Handicapped Child. ACA. 1966.
- Rodney, Lynn S. and Ford, Phyllis M. Camp Administration. Wylie, 1971.
- Shea, Thomas M. Camping for Special Children. C. V. Mosley, 1977, (CM 42)
- Vinton, Dennis A. and Farley, Elizabeth M. (Eds.) Knowing the Campers.
- Vinton, Dennis A. and Farley, Elizabeth M. (Eds.) Dealing with Camper Behavior. Developed by Project REACH, 1979. (LT 28)

Audio-Visuals

- Camping and Recreation Facilities for the Handicapped. (20 minutes). Audio-Visual Center, Indiana University, Bloomington, Indiana 47401.
- Camping and Recreation Programs for the Handicapped. (20 minutes) Audio-Visual Center (see above).
- Cast No Shadows. (28 minutes). Mentally retarded youth. 505 East Steward Road, Columbia, Missouri 65211.
- Minnesota Outward Bound School and the Physically Disabled. (6 minutes) 308 Walker Avenue South, Wazata, Minnesota 55391.
- A Place in the Sun. (15 minutes) Soroptimist Camp for the Handicapped. Camp Soroptimist, Fort Worth, Texas.

Other Resources

- A Survey of Canadian and American Easter Seal Camps and Programs. Ontario Society for Crippled Children, 350 Rumsey Road, Toronto, Ontario. June 1979.
- Bigge, June L., and O'Donnel, Patrick A. Teaching Individuals with Physical and Multiple Disabilities. Columbus; Merrill, 1976.
- Bleck, Eugene and Nagel, Donald (eds.). Physically Handicapped Children: A Medical Atlas for Teachers. Grune and Stratton, New York, 1975.
- Bowe, Frank. Handicapping America: Barriers to Disabled People. New York: Harper and Rowe, 1978.
- Breaking through the Deafness Barrier. Washington, D.C. Gallaudet College, 1979.
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- 4-H Leader's Guide: Recreation and the Handicapped Youth. Pennsylvania State University, University Park, Pennsylvania, 1978.
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- Peterson, C. A. and Connolly, P. Characteristics of Special Populations: Implications for Recreation Participation and Planning. Washington, D.C.: Hawkins and Associates, 1980.
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- Ross, Mary Ellen. "Mainstreaming in Reverse." Easter Seal Communicator. Winter, 1980, p. 8.
- Rusting, Ricki. "Sing NYDA." Diabetes Forecast, March/April, 1981. p.
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- Scouting for the Deaf. Boy Scouts of America, Dallas, Texas.
- Scouting for the Physically Handicapped. Boy Scouts of America, Dallas, Texas.
- Stubbins, Joseph (ed.) Social and Psychological Aspects of Disability: A Handbook for Practitioners. Englewood Cliffs, New Jersey: Prentice-Hall, 1978.

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- Ellis, Jan. "The New Campers (Women 18-80)." September/October 1980, vol. 53, ng. 1, p. 19.
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- Kaplan, Norman. "Blind Teens 'Touch' Hawaii, via Travel Camp." March 1977, vol. 49, no. 4, p. 14.
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- Wentworth, Samuel. "What You Should Know about Regular Camping Programs for Diabetic Children." March 1973. p. 10.

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- Owen, Betty H. "Mainstreaming at Doe Valley Camp." Journal of Physical Education and Recreation, May 1978, vol. 49, no. 5, p. 28.

Appendix E: Managerial Evaluation Forms—Serving Campers with Special Needs

Na	me	aller - commence and a second the commence of the design of the second	····						•	
Da	ite	Location		·						
COI	Please respond to the ntains a series of goal sticate this by circling	statements, som	e of wh	y placing tich may	a circle not hav	around e been a	the approp ddressed t	priate resp hrough p	oonse. Please note the resentations or learn	nat Question 1 ning activities,
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	Not effective Comments:	0	isabiiiti 1	2	3	4	5		Very effective	N/A
•	b. Ability to evaluate	the accessibilit	y of a c	ampsite	and pro	vide reco	mmenda	tions for a	daptations.	
`	Not effective Comments:	0	1	2	3	4	5		Very effective	N/A
	c. Ability to evaluate	what special gr	roups c	ould be a	ccomm	odated ii	n your ow	n camp.		
	Not effective Comments:	• 0	1	2	3	4	5		Very effective	N/A
	d. Knowledge of the c of the ACA Stand							e handica	pped, as well as an t	ınderstanding
	Not effective Comments:	0	1	2	3	4	5	•	Very effective	N/A
*	e. Ability to discuss i	ssues of mainst	reamin:	g vs. spec	cialized	camps:	•			
	Not effective Comments:	0	1	2	3	4	5 , ·	•	Very effective	N/A
	f. Knowledge about	a) research rela	ting to a	attitudes	and b)	research	about can	npers with	special needs	
•	Not effective Comments:	0	1	2	3	4	5	=	Very effective	. N/A
٠	g. Knowledge of reso	urces available	relating	r to servi	ng spec	ial nonul	. , , ations			
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4. How confident do you feel	in your ability to	o implem	ent the in	nformati	on prese	nted in your cam	
Not confident	0	1	2	3	4	÷ 5	Very confident
Comments:						• .	
5. To what extent were your o	wn training nee	ds met by	the man	nagerial?			
Minimum extent	0	1	2	3	4	5 .	Maximum extent
Comments:							
						•	•

- 6. What were the most important strengths of this managerial?
- 7. Are there any content areas which should have been added?
- 8. Are there any content areas which could have been omitted?
- 9. Please list any general comments or suggestions for improving this managerial.

Appendix F-Managerial Sample Budget

Registration Fee: \$50 x 30 participants (Members \$50-Nonmembers \$60.)			\$1.500
Expenses	•		
Resource Leaders Honorarium (4 x \$50)			\$ 200
Printing	•	•	\$. 150
Office Supplies		*	\$ 25
Program Supplies			\$ 200
Xerox			\$ 25
Phone Calls	,		\$ 50
Postage			\$ 50
Facility and Equipment Rental	•		\$ 200
Refreshments Luncheon			\$ 300
Total Expenses	•		\$1,200
Section Net (20%)	\$		\$ 300
Total			\$1,500

Income